

Consumer Lender/Sales Finance Company

Request for Change of Legal Name or Address Instructions

1. **Read the instructions** below for changing the legal name of an individual or business, or your residence or business address. Be aware that certain instructions are specific to certain license types.
2. **Print the *Name/Address Change Form*.**
3. **Complete the form, and send it to the Department** with all required supporting documentation.

New Jersey Department of Banking & Insurance
Licensing Services, Banking
PO Box 473
Trenton, NJ 08625

E-mail: bliconline@dob.state.nj.us

Phone: 609-292-7272 (follow menu prompts & select #3, then #2, then #1 for Licensing staff)

Fax: 609-633-0822

Change of Legal Name

Individual Name Change:

- Attach court order, marriage certificate or other document

Business Name Change

- ***Corporations*** - enclose a copy of the amended Certificate of Incorporation or copy of Alternate Name Certificate
- ***Limited Liability Company*** - enclose a copy of the amended Certificate of Formation and amended Operating Agreement
- ***Partnership or Sole Proprietorship*** - enclose a copy of amended or new trade name certificate
- ***Foreign Corporation*** - enclose a copy of an amended Certificate of Authority to do Business in New Jersey

Business Address Change

- For address changes within New Jersey, complete and return the New Jersey Certification of Office Suitability for an In-State office location.
- For address changes outside of New Jersey, complete and return the New Jersey Certification of Office Suitability for an Out-of-State office location

Banking Licensee Change of Legal Name and/or Address Form

- Print and Complete this form
- Submit all required attachments
- **NO FEE REQUIRED**
- Return completed form to the address listed below

License Ref. No: _____ Effective Date of Change: _____
(located in upper right corner of license)

For Change of Name: (check which item applies)

Change in Business Name: ☐ Adding Alternate Name: ☐ Deleting Alternate Name: ☐
For Business Name Change, see detailed instructions for information regarding required supporting documentation.

Change in Individual Legal Name: ☐ *Attach court order, marriage certificate or other document*

If adding Alternate Name, indicate whether name will be used at all locations or only the main and specified offices:

all locations: ☐ main office and only below specified location(s): ☐

For Change of Address: (check which address is being changed)

Business Address: ☐ Mailing Address: ☐ Residence Address: ☐

If Business Address, see detailed instructions for information regarding any required supporting documentation.

Please enter Name and/or Address Information

Name: _____

Bldg/Suite/Apt: _____

Street Address: _____

PO Box: _____

City: _____ State: _____ Zip: _____

County: _____ (if New Jersey)

Return to: **New Jersey Department of Banking and Insurance**
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